

# 6-Month **RE-EVALUATION TREATMENT PLAN**



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**Client Name:** CLIENT NAME

**Date of PDDBI:** XXX

**Date of Birth:** XXX

**Date of Evaluation:** XXX

**Age:** 7.5 years

**Time of Evaluation:** XXX

**DOD/SNN#:** XXX

**Date of TP:** XXX

**Evaluator:** Manya Ralkowski, EdS, BCBA, LBA

**Parent Name(s):**

**Address:**

**Phone Number:**

## STATEMENT OF CONFIDENTIALITY

The following may contain confidential and sensitive information. Its use is intended for CLIENT NAME and/or CLIENT NAME parent/legal guardian and or/or team to determine program placement, therapy-treatment goals, and/or necessity for medical intervention. Further disclosure requires written consent of CLIENT NAME and/or CLIENT NAME parent/legal guardian.

## REASON FOR REFERRAL

CLIENT NAME has been referred to COMPANY NAME for ABA services due to a diagnosis of Autism Spectrum Disorder (ASD 299.0/F84.0) by DOCTOR NAME, Developmental Pediatrician. The referral was sent in order to address challenging behaviors and increase appropriate social behaviors.

As observed by the evaluator during the 6-month assessment, CLIENT NAME continues to be a wonderful candidate for ABA therapy. Additionally, he continues to be able to actively participate in ABA therapy.

## BACKGROUND INFORMATION

CLIENT NAME lives at home with both of his parents and his two younger sisters. CLIENT NAME was diagnosed with Autism Spectrum Disorder (ASD 299.0/F84.0) by DOCTOR NAME, Developmental Pediatrician. He has no other medical conditions at this time. He is on no medications at this time. There are no known allergies at this time, and he has no diet restrictions. CLIENT NAME attends SCHOOL NAME 8:30-3:30 (general education 2<sup>nd</sup> grade classroom) for 5 days per week. The school staff is re-opening the IEP for a re-evaluation to continue eligibility of services if determined necessary. During this last intervention period, CLIENT NAME was receiving direct one on one therapy at home for 2 hours a day, 5 days a week. Based on the last assessment report, the recommendation was to increase this to 40 hours per week once staffing was coordinated. Mid-summer, when the family returned from an extended vacation, this recommended increase to 40 hours per week in the home occurred and continues currently at school. CLIENT NAME's current therapy support schedule includes 8:30-3:30 M-F at school and 4:00-6:00 M-F at home.



## **DIRECT CLINICAL OBSERVATION**

CLIENT NAME is always a happy and social child and always greets the evaluator with a smile and a hello whether in person or on the remote supervision camera. He engages the evaluator with eye contact and attempts to tell her about his favorite Lego sets and anything new that has happened. CLIENT NAME has made great gains in following multiple step directions and sophisticated schedules, doing un-preferred works for longer periods of time, and he shows maturity in problem solving, self-regulation, flexibility, and family and group participation. He responded quickly to a more complicated and delayed reinforcement system that is more easily utilized in the school setting and allows him to be present in the classroom for the majority of the day. CLIENT NAME is able to communicate his wants and needs with increased use of pragmatic language. He can independently follow the routines of the day in his classroom, independently participate in group lessons, work independently on his assignments at his desk, and can transition easily from one task to another. He still needs some prompting and reminders at school to stay on task, get started, and to keep his body and voice quiet during un-preferred times of the day. He also still shows need for support in social situations where there may be some conflict. For example, he didn't want to lose his place in line when he was asked to put his books in his book box. He hesitantly followed the directions knowing he would lose his place in line. When he came back to the line, instead of getting in the back of the line, he abruptly cut in front of another student, knocking her out of the way, not recognizing his body and backpack were bumping into several other students as well.

CLIENT NAME still has very limited interests in toys but enjoys playing outside with a variety of activities including playground equipment and ball play. While play interests tend to be limited, he always enjoys something new to explore and figure out. CLIENT NAME has increased attention to task that includes longer periods of independent play and work tasks. In the previous evaluation, CLIENT NAME would protest activities that he did not chose. Now CLIENT NAME is flexible in what he is expected to do and willingly participates in activities whether he chooses them or not. He is mostly compliant with instructor lead activities, but will show flexibility with peers as well.

## **TREATMENT SUMMARY**

CLIENT NAME has been receiving Applied Behavior Analysis (ABA) therapy since DATE. Following the initial assessment, CLIENT NAME was recommended to receive 20 hours of direct one-to-one ABA therapy per week which then was to increase to 40 hours per week. He has consistently received this recommended number of hours per week with up to four hours of supervision by a Board-Certified Behavior Analyst (BCBA). There were minimal breaks in therapy and supervision, nothing more than a typical vacation time period or sick day.

CLIENT NAME's ABA sessions at home have been structured with a written schedule and activities that are split up between therapeutic activities and preferred activities. Additionally, supplementing academics with additional schoolwork and homework tasks to support what he is doing at school. There is an updated leveled token economy system that has been implemented at school. All the staff currently working with CLIENT NAME at school are involved with his treatment plan and they are following the same plan when COMPANY NAME staff are not present in the school. Both CLIENT NAME's parents and school team have reported great progress in CLIENT NAME's ability to maintain self-regulation and handle social conflict in a variety of settings, which were the main areas of concern during the last assessment period. After meeting



with the school team for this re-evaluation assessment, it is clear that CLIENT NAME has made great gains across all areas of intervention, and he has demonstrated his ability to generalize skills to the school environment as well. Last year at school, he was spending a significant amount of time in the principal's office for "CLIENT NAME" time where he essentially was given a break from the classroom routines to decompress and play with Legos. This year, he spends the entire time in the classroom and independently participates and transitions throughout the day with his classmates. Minimal prompting and reminders are necessary to keep him in line with his same age, typically developing peers. Due to a significant demonstration of progress across all areas and settings (see data and recommendations below), a systematic fading of services will occur during this 6-month period. Data and ongoing monitoring of levels of performance will determine the time line of the fading schedule, but we will plan to go from 40-30 hours per week and then to 20 hours per week with a combination of support at home and at school to equal 20 hours per week. COMPANY NAME will provide an addendum to the treatment plan at the time that services have decreased based from student progress data.

CLIENT NAME's ABA program has focused on increasing communication, social skills, academics, pragmatic language development, and daily living skills including more flexibility, efficiency, and independence in daily hygiene and chores. In addition to skill development in these areas, decreasing maladaptive behaviors was also monitored throughout the time period. He has demonstrated progress in all targeted areas where goals were implemented. His Behavior Intervention Plan progress in verbal protests and little to no occurrences of physical aggression. His programming primarily includes discrete trial training, natural environment/incidental teaching, chaining procedures, differential reinforcement, and extinction procedures.

Progress monitoring on CLIENT NAME's behavior intervention plan as well as targeted goals are outline below.

## **ASSESSMENT INFORMATION**

Assessments used to determine treatment plan:

Direct observation: in the home, in the school

Direct assessment: in the home

Parent Interview

PDD Behavior Inventory (PDDBI)

ABLLS-R

AFLS – Sub sections of Basic Skills and School Skills

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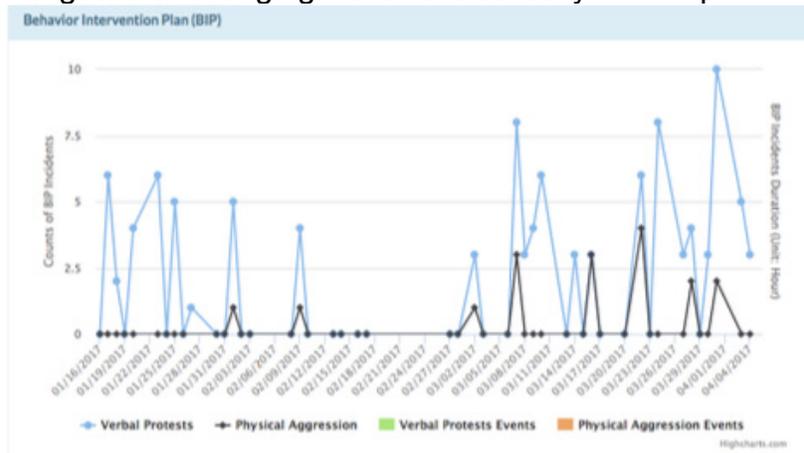
## **Behavior Intervention Plan**

CLIENT NAME's initial assessment indicated that there were many challenging behaviors during his time in ABA therapy at home and at school. Based on parental interview and previous observations, these behaviors were multiply controlled and the function of the behaviors were to escape an un-preferred task and/or gain access to preferred activities or items. At the time of this 6-month assessment the frequency of the physical aggression has decreased to little, to no occurrences. The verbal protests have an occasional re-appearance but not much unlike a typically developing peer who does not agree with the situation. The parents report that they still see aggression and verbal protesting, but it is not as intense and the recovery is better. Current goals address these areas of concern. The graphs show the decrease in frequency of

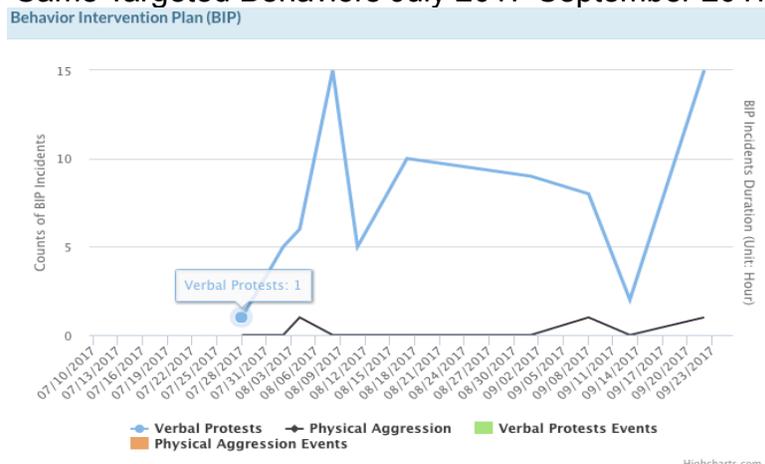


both targeted behaviors.

### Targeted Challenging Behaviors January XXX- April XXX



### Same Targeted Behaviors July 2017-September 2017



### Targeted Behavior Reduction Goals and Progress:

1. Verbal Protest (refusal): Any verbal protest or statement of refusal to complete a task, which includes refusal to follow directions that are known.

**Baseline:** In the initial assessment report there was no quantified baseline indicated, however based on parent report, tantrumming was occurring throughout the week and occurring with higher rates on days he receives therapy in school (increased hours).

**Goal:** Verbal protests and refusals (and tantrums) will decrease to one occurrence per week for three consecutive weeks.

**Progress:** CLIENT NAME has shown significant progress in this area as documented reports indicating multiple times throughout the week to occasional protests throughout the month.

**Recommendation:** Continue goal to decrease protesting and refusal in a variety of settings at home and school.

**Replacement Behavior:** Increase functional communication to request for help during frustration, un-preferred activities or expectations, coping skills, and more flexibility

**Schedule of Reinforcement:** CLIENT NAME will receive immediate reinforcement for engaging in functional communication that will be differentially reinforced over time and



faded out to natural and sustainable schedules.

Proactive Strategies: Low easy difficult ratio when presenting tasks, utilize a timer and visuals for transitions, high rates of reinforcement for appropriate behaviors, focus on functional communication and social conflict problem solving.

Reactive Strategies: Use prompting hierarchy from least to most restrictive, as much as possible, keep demands in place, follow through with expectations when told “no,” provide little attention when redirecting after problem behaviors, use visuals to redirect when possible.

2. Physical Aggression: Any act of physical aggression towards a peer or adult; hitting with an open hand or fist, kicking another person, using an object as a weapon to stab, scratch, or injure another person, strangulation (placing his hands around the neck of another person and squeezing).

Baseline: In the initial assessment report there was no quantified baseline indicated, however based on parent report, challenging behaviors which included physical aggression, were happening throughout the week. Based on parent report, CLIENT NAME becomes physically aggressive more often when staff is not present.

Goal: Physical aggression will decrease to one occurrence per week for three consecutive weeks.

Progress: CLIENT NAME has shown significant progress in this area as documented reports indicate multiple times throughout the week to, little to no occurrences over a period of months.

Recommendation: Continue goal to decrease physical aggression to zero levels across all environments.

Replacement Behavior: Increase functional communication to request for help during frustration, un-preferred activities or expectations, coping skills, and more flexibility

Schedule of Reinforcement: CLIENT NAME will receive immediate reinforcement for engaging in functional communication that will be differentially reinforced over time and faded out to natural and sustainable schedules.

Proactive Strategies: Low easy difficult ratio when presenting tasks, utilize a timer and visuals for transitions, high rates of reinforcement for appropriate behaviors, focus on functional communication and social conflict problem solving.

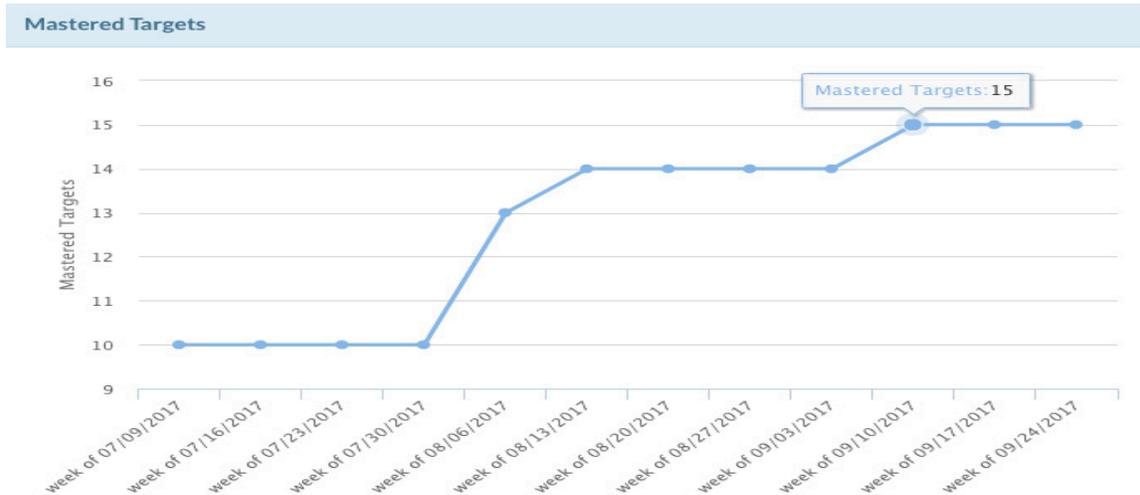
Reactive Strategies: Use prompting hierarchy from least to most restrictive, as much as possible, keep demands in place, follow through with expectations when told “no,” provide little attention when redirecting after problem behaviors, use visuals to redirect when possible.

### **Parent Goals and Progress:**

There were no specified parent goals in the previous evaluation report, but this area is currently being addressed with monthly meetings and ongoing parent coaching and support (see parent goals in new goal areas).



## Client Goals and Progress:



### 1. A16: Responds to social reinforcers.

Objective: CLIENT NAME will respond to social reinforcers

Baseline: 0%

Goal: CLIENT NAME will work for 15 minutes for social praise only. He will respond with respond with 80% accuracy across all opportunities for three consecutive sessions

Progress: CLIENT NAME will work for longer than 15 minutes for varied amounts of time for social praise only. He will respond with respond with 80% accuracy across all opportunities for three consecutive sessions. **Goal Mastered**

Recommendation: Continue to develop more sophisticated reinforcement schedules, self-reinforcement, pride, and self-management.

### 2. Compliance within the home.

Objective: CLIENT NAME will comply with varied expectations in the home and across environments.

Baseline: 0%

Goal: CLIENT NAME will complete a simple chore around the house such as tidying the bathroom counter, cleaning up his toys, taking out the trash, etc. without engaging in maladaptive behaviors for 80%

Progress: Compliance with the tasks can vary depending on what he is asked to complete, while he is compliant with 100% accuracy and efficiency for some things, he stalls in other tasks. **Continue goal**

Recommendation: Continue to develop compliance and efficiency in chores and participation around the house.

### 3. Reciprocal conversation – seeking personal information from others.

Objective: CLIENT NAME will answer and reciprocate a question regarding personal information from another person.

Baseline: 0%

Goal: CLIENT NAME will engage in reciprocal conversation with 80% accuracy across all environment with peers and adults for three consecutive sessions.



Progress: CLIENT NAME will answer any social question that is asked of him and will provide extended information, but he is reciprocating the questions approximately 60% of the time. **Continue goal**

Recommendation: Continue to develop social communication goals.

4. Accepts differences of opinion or factual statement that he disagrees with.

Objective: CLIENT NAME will accept that other people will have a different opinion or make statements that are different from how he would state them without engaging in maladaptive behaviors such as protesting and correcting the person who made the statement.

Baseline: 0%

Goal: CLIENT NAME will accept differences of opinion or factual statements for 80% of opportunities for three consecutive sessions.

Progress: CLIENT NAME will accept other people's statement and/or different opinions for 80% of opportunities. **Goal Mastered**

Recommendations: Continue to develop goals in flexibility.

5. Size of the problem: matches reaction to the size of the problem.

Objective: CLIENT NAME will match his reaction to the size of the problem.

Baseline: 44%

Goal: Matching reaction to size of the problem for 80% of opportunities for three consecutive sessions.

Progress: CLIENT NAME will match his reaction to the size of the problem 100% accuracy. **Goal Mastered**

Recommendation: Continue to build goals around application of this program including coping strategies that work at home and in school scenarios. For example, what to do if bored during a group lesson at the carpet area.

6. Social: L-24: Feedback from peers.

Objective: CLIENT NAME will follow both stated and implied directions from peers in a variety of contexts.

Baseline: 0%

Goal: CLIENT NAME will respond with 8-% accuracy across all opportunities for three consecutive sessions.

Progress: CLIENT NAME can understand and follow stated directions but still has a hard time with implied directions, he will respond approximately with 50% accuracy. **Goal in Progress**

Recommendation: Continue to build goals around perspective taking skills, inferencing, predicting, and social problem solving.

7. M3: Attends to teacher in group

Objective: CLIENT NAME will attend to the teacher in a small group and large group lesson.

Baseline: 0%

Goal: CLIENT NAME will attend to teacher for 80% of opportunities for three consecutive sessions.

Progress: CLIENT NAME will attend to the teacher in a variety of situations for 100%



opportunities. **Goal Mastered**

Recommendation: Build self-management goals for classroom expectations.

8. M10: Raises hand and answers a question.

Objective: CLIENT NAME will raise his hand during group and answer a question.

Baseline: 0%

Goal: CLIENT NAME will raise hand for 8-% of opportunities.

Progress: CLIENT NAME will raise his hand to ask and answer questions throughout the day with 80% accuracy. **Goal Mastered**

Recommendation: Continue to build more self-management skills.

9. N1: Follow daily routines (backpack, put away jacket, etc.)

Objective: CLIENT NAME will follow daily routines independently.

Baseline: Puts materials away and into backpack – 91%, Follows classroom routines – 55%, and retrieves items needed for task – 93%

Goal: CLIENT NAME will follow classroom routines for 80% of opportunities

Progress: Puts things away – 100%, Follows classroom routines – 80%, Retrieves needed items – 90%. **Goal Mastered**

Recommendation: Continue to build more age appropriate self-management skills

10. N7: Works independently on academic activities.

Objective: CLIENT NAME will work independently on academic activities and stay on task without maladaptive behaviors for up to 10 minutes.

Baseline: 0% with verbal reminders, 62%

Goal: CLIENT NAME will work independently for up to 10 minutes with 80% accuracy.

Progress: CLIENT NAME will work independently as long as expected alongside his peers with support as needed (across the room) with 80% accuracy **Goal Mastered**

Recommendation: Continue to build more age-appropriate self-management skills

### **Additional Information on Client Progress**

CLIENT NAME has shown great progress since starting his ABA home program. As a student gains skills due to intensive therapeutic services and interventions, new goals are implemented on a regular and ongoing basis. The below goals were added in addition to the above initial set of goals during this assessment period between December 2016 and September 2017.

- Executive Function – Working memory: What’s missing – 25%
- Executive Function – Working memory: What’s different – new
- Executive Function – Working memory: Word game – 50%
- Increasing self-awareness – Self Reflection – 0%
- Emotion Regulation – Zones of Regulation – 33%
- Emotion Regulation – Understanding emotions and coping strategies – 100%
- Problem Solving – Resolving Social Conflicts – new
- Social Inferencing – 100%
- Predicting – 25%
- Emotion Synonyms – 80%



## RE-EVALUATION RESULTS

### PDD Behavior Inventory (PDDBI)

The PDDBI is a questionnaire completed by parents and teachers of children and adolescents ages 1 year, 6 months to 18 years, 5 months designed to assess responsiveness to intervention in children with autism spectrum disorder (ASD). The PDDBI should be used in conjunction with other sources of information, including case history, clinical interviews, performance test results, and direct observation in a natural setting. By examining converging evidence, the clinician can confidently arrive at a valid diagnosis and effective treatment plan.

The summary score report for CLIENT NAME indicates the following information and has informed the below treatment plan.

### Domain/Composite Score Summary Table

Domain/Composite	Raw score	T score	90% CI
<b>Approach/Withdrawal Problems</b>			
Sensory/Perceptual Approach Behaviors ( <i>SENSORY</i> )	24	55	50 - 60
Ritualisms/Resistance to Change ( <i>RITUAL</i> )	21	60	54 - 66
Social Pragmatic Problems ( <i>SOCPP</i> )	29	69	62 - 76
Semantic/Pragmatic Problems ( <i>SEMP</i> )	13	51	44 - 58
<b>Repetitive, Ritualistic, and Pragmatic Problems Composite (REPRIT/C)</b>	<b>87</b>	<b>63</b>	<b>58 - 68</b>
<b>Receptive/Expressive Social Communication Abilities</b>			
Social Approach Behaviors ( <i>SOCAPP</i> )	73	54	49 - 59
Expressive Language ( <i>EXPRESS</i> )	88	64	61 - 67
<b>Expressive Social Communication Abilities Composite (EXSCA/C)</b>	<b>161</b>	<b>61</b>	<b>58 - 64</b>
<b>Autism Composite (AUTISM)</b>	<b>117</b>	<b>55</b>	<b>51 - 59</b>



Cluster Score Summary Table

Cluster	Raw score	Percentile range	Qualitative range
<b>Approach/Withdrawal Problems</b>			
<b>Sensory/Perceptual Approach Behaviors (SENSORY)</b>			
Visual Behaviors	7	75 - 94	High
Non-Food Taste Behaviors	6	75 - 94	High
Touch Behaviors	2	34 - 74	Moderate
Proprioceptive/Kinesthetic Behaviors	7	75 - 94	High
Repetitive Manipulative Behaviors	2	34 - 74	Moderate
<b>Rituals/Resistance to Change (RITUAL)</b>			
Resistance to Change in the Environment	7	75 - 94	High
Resistance to Change in Schedules/Routines	12	≥ 95	Very high
Rituals	2	34 - 74	Moderate
<b>Social Pragmatic Problems (SOCPP)</b>			
Problems With Social Approach	10	≥ 95	Very high
Social Awareness Problems	9	75 - 94	High
Inappropriate Reactions to the Approaches of Others	10	75 - 94	High
<b>Semantic/Pragmatic Problems (SEMP)</b>			
Aberrant Vocal Quality When Speaking	1	34 - 74	Moderate
Problems With Understanding Words	0	≤ 33	Low
Verbal Pragmatic Deficits	12	≥ 95	Very high
<b>Receptive/Expressive Social Communication Abilities</b>			
<b>Social Approach Behaviors (SOCAPP)</b>			
Visual Social Approach Behaviors	5	≤ 33	Low
Positive Affect Behaviors	11	34 - 74	Moderate
Gestural Approach Behaviors	12	≥ 95	Very high
Responsiveness to Social Inhibition Cues	0	≤ 33	Low
Social Play Behaviors	7	34 - 74	Moderate
Imaginative Play Behaviors	12	≥ 95	Very high
Empathy Behaviors	3	34 - 74	Moderate
Social Interaction Behaviors	11	≥ 95	Very high
Social Imitative Behaviors	12	75 - 94	High
<b>Expressive Language (EXPRESS)</b>			
Vowel Production	12	≥ 95	Very high
Consonant Production at the Beginning, Middle, and End of Words	12	≥ 95	Very high
Diphthong Production	12	≥ 95	Very high
Expressive Language Competence	36	≥ 95	Very high
Verbal Affective Tone	12	≥ 95	Very high

<b>Pragmatic Conversational Skills</b>	<b>4</b>	<b>75 - 94</b>	<b>High</b>
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Overall findings from the PDDBI:

- Autism Composite Ratings: Average child with ASD will receive scores ranging between 40-60 – CLIENT NAME scored 55
- Moderate areas of concern – Touch, repetitive behaviors, rituals, vocal quality while speaking, positive affect, social play, and empathy towards others
- Significantly low areas of concern – Problems with understanding words, Social approach behaviors, and social inhibition cues

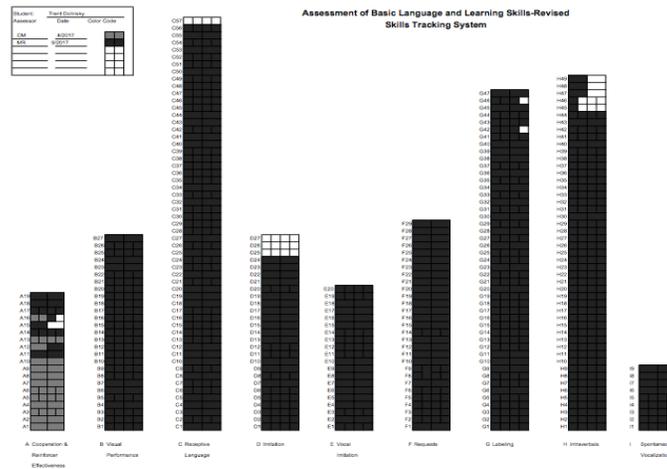
### The Assessment of Basic Language and Learning Skills (ABLLS-R Protocol)

Once of the direct assessments utilized to assess current functioning levels with CLIENT NAME was the ABLLS – R developed by James W. Partington, Ph.D., BCBA-D. CLINICIAN/EVALUATOR NAME, EdS, BCBA, LBA administered the ABLLS-R to CLIENT NAME on 9/19/2017. This tool is based on a criterion-referenced set of skills that can demonstrate a student's current repertoire and provides for the tracking of its progressive development. The ABLLS-R contains a task analysis of many of the skills necessary to communicate successfully and to learn from everyday experiences. These skills are outlined in the Basic Learner Skills section of the ABLLS-R Protocol. A secondary purpose is to provide a method for identifying a child's



specific skills in a variety of important areas of functioning including academic, self-help, and motor skills. Finally, the ABLLS-R provides a curriculum guide for an educational program for a child with language delays and provides a method for visually displaying the acquisition of new skills on the tracking system.

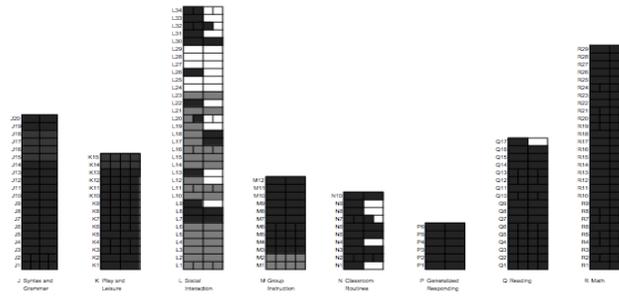
All 25 skill areas included in the assessment tool were evaluated: Cooperation and Reinforcer Effectiveness, Visual Performance, Receptive Language, Imitation, Vocal Imitation, Requests, Labeling, Intraverbals, Spontaneous Vocalizations, Play and Leisure, Social Interactions, Group Interaction, Classroom Routines, Generalized Responding, Reading, Math, Writing, Dressing, Eating, Grooming, Toileting, Gross Motor and Fine Motor Skills. As compared to initial assessment that evaluated 3 areas. Overall ABLLS-R evaluation results indicate that areas to focus on for skill development include cooperation, higher leveled areas of receptive language, higher leveled areas of expressive language, higher leveled intraverbal language, social interaction, and classroom routines. Please review graphs included below.





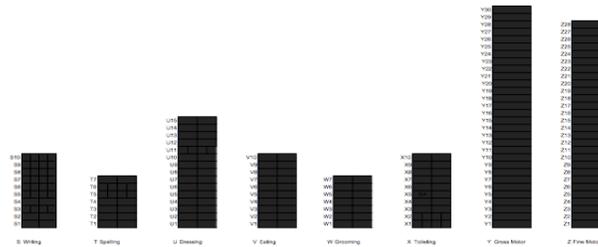
Student:	Assessor:	Date:	Color Code:

Assessment of Basic Language and Learning Skills Skills Tracking System



Student:	Assessor:	Date:	Color Code:

Assessment of Basic Language and Learning Skills Skills Tracking System



**Cooperation and Reinforcer Effectiveness:** CLIENT NAME showed marked improvement in this domain. (previous score: 33, current score: 48)

**\*Visual Performance:** Previously not evaluated. MASTERED

**\*Receptive Language:** Receptive language is an area of strength for CLIENT NAME. Previously not evaluated. (previous score: N/A, current score: 176).

**\*Imitation:** Imitation is an area of strength for CLIENT NAME. Previously not evaluated. (previous score: N/A, current score: 68)

**\*Vocal Imitation:** Previously not evaluated. MASTERED

**\*Requests:** Previously not evaluated. MASTERED

**\*Labeling:** Previously not evaluated but an area of strength for CLIENT NAME. (previous score: N/A, current score: 168)



**\*Intraverbals:** Previously not evaluated but an area of strength for CLIENT NAME. (previous score: N/A, current score: 175)

**\*Spontaneous Vocalizations:** Previously not evaluated. MASTERED

**\*Syntax and Grammar:** Previously not evaluated. MASTERED

**\*Play and Leisure:** Previously not evaluated. MASTERED

**Social Interactions:** This domain was one of the original domains of concern both at home and at school. He has some strong skills in basic interaction and social communication but will still struggle in approaching others with an idea, sharing items spontaneously (will do if prompted), inhibition skills, and social awareness. (previous score:33, current score: 52)

**Group Instruction:** This domain was one of the original domains of concern both at home and at school. He has shown marked improvement in this area. He was struggling in the classroom last year, spending a lot of his day out of the classroom with intensive support and breaks. He is now nearly 100% independently participating in all daily routines with a delayed and leveled reinforcement system (previous score:8, current score: MASTERED)

**\*Classroom Routines:** Previously not evaluated but an area of strength for CLIENT NAME. (previous score: N/A, current score: 18)

**\*Generalized Responding:** Previously not evaluated. MASTERED

**\*Reading:** Previously not evaluated but an area of strength for CLIENT NAME. (previous score: N/A, current score: 51)

**\*Math:** Previously not evaluated. MASTERED

**\*Writing:** Previously not evaluated. MASTERED

**\*Dressing:** Previously not evaluated. MASTERED

**\*Eating:** Previously not evaluated. MASTERED

**\*Grooming:** Previously not evaluated. MASTERED

**\*Toileting:** Previously not evaluated. MASTERED

**\*Gross Motor Skills:** Previously not evaluated. MASTERED

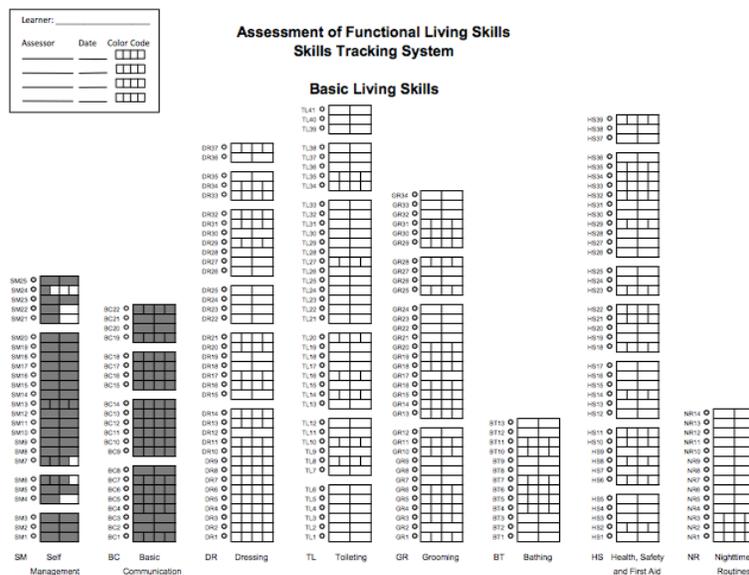
**\*Fine Motor Skills:** Previously not evaluated. MASTERED

Additional Assessments were included to inform the updated treatment plan based on student's performance levels in the ABLLS-R.



### The Assessment of Functional Living Skills (AFLS Protocol)

An additional assessment utilized with CLIENT NAME to determine current functioning levels was the AFLS (Assessment of Functional Living Skills – Basic Skills and School Skills) developed by Dr. James Partington, and Dr. Michael Mueller. CLINICIAN/EVALUATOR NAME, EdS, BCBA, LBA conducted evaluation of two sub skills in the Basic Skills Protocol (to include only self-management and basic communication) and a comprehensive evaluation in the School Skills Protocol. This tool is based on a criterion-referenced set of skills that can demonstrate a student’s current repertoire and provides for the tracking of its progressive development. This assessment contains a task analysis of many of the skills necessary to communicate successfully and to learn from everyday experiences. These skills are outlined in the AFLS protocol. A secondary purpose is to provide a method for identifying a student’s specific skills in a variety of important areas of functioning to be an adult. Finally, the AFLS provides a curriculum guide for an educational program for a child with language delays and provides a method for visually displaying the acquisition of new skills on the tracking system. The AFLS contains task analyses of many of the skills essential for participation in a wide range of family, community, and work environments. The skills addressed are all based upon overarching goals for maximizing freedom, independence, and opportunities for individuals with Autism Spectrum Disorder (ASD). Each assessment module contains eight different skills areas that thoroughly assess functional skills across a wide range of settings throughout a learner’s lifespan. The results are displayed below. Weekly progress will be reviewed and treatment objectives and procedures will be modified as needed to maximize skill acquisition.

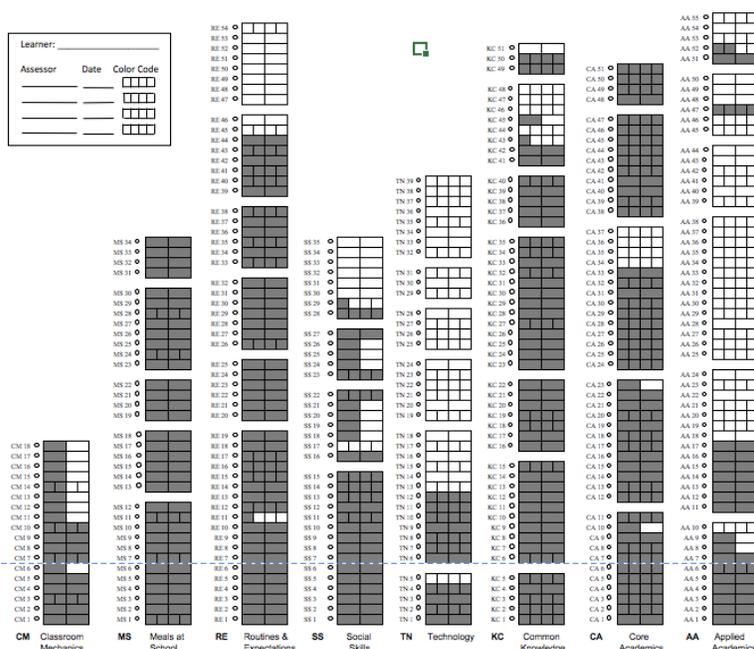


**Self-Management:** This domain is a focused area for CLIENT NAME to provide more independence and self-management skills throughout his day at school and at home. While he shows some strengths in this area, there are some skill areas to be developed. (previous score: N/A, current score: 50)

**Basic Communication:** The communication domain is always an area to evaluate to make sure the student has a communication system that is fluently working to get basic needs and



desires met. Basic communication is an area of strength for CLIENT NAME. (previous score: N/A, current score: MASTERED)



The Graph for AFLS – School Skills

**Classroom Mechanics:** CLIENT NAME is fairly independent when it comes to navigating the classroom and all the things involved. Areas that were not scored (but not necessarily a missing skill) are things like operating a stapler, paperclips, white board (the classroom did not have one), etc. (previous score: N/A, current score: 34)

**Meals at School:** CLIENT NAME is independently participating in all areas of having a meal at school. (previous score: N/A, current score: MASTERED)

**Routines and Expectations:** An area of strength for CLIENT NAME. He has a lot of independence when it comes to knowing the routine, what is expected of him, and observing his peers to figure out what to do if he missed the direction. The upper areas of the graph are indicative of older grade expectations. (previous score: N/A, current score: 114)

**Social Skills:** While CLIENT NAME has a lot of strength in social communication and interaction, there are areas that he still struggles with. He has a hard time sharing preferred items, does not join groups without hesitation or prompting, and still does not show typically developing skills in the ability to understand other people’s perspectives (previous score: N/A, current score: 71)

**Technology:** CLIENT NAME demonstrates the basic understanding of technology such as opening an app, using fingers to enlarge and minimize a picture, use the computer mouse, or



touch pad. The upper levels of the graph are indicative of older student skills. (previous score: N/A, current score: 36)

**Common Knowledge:** CLIENT NAME demonstrates common knowledge areas such as colors, shapes, letters, numbers, weather, time, money concepts. The upper levels of the graph are indicative of older student skills such as geography. (previous score: N/A, current score: 120)

**Core Academics:** CLIENT NAME demonstrates strength in core academics. His main area of struggle is in reading. (previous score: N/A, current score: 148)

**Applied Academics:** This domain has a lot to do with how to functionally the academics a student learns in school. CLIENT NAME is still at the age where he is learning to read, learning to do math, etc. Eventually these learned skills will shift to reading to learn, using math to solve things. While he has a lot of skills he can develop here, he is not at the age where this is an area of concern. (previous score: N/A, current score: 38)

### **Vineland-3: The Adaptive Behavior Assessment**

The Vineland Adaptive Behavior Scales, Third Edition (Vineland-3) is an individually administered and standardized measure of adaptive behavior that is widely used to assess individuals with intellectual, developmental, and other disabilities. The Vineland-3 evaluates Communication (Receptive, Expressive, and Written), Daily Living Skills (Personal, Domestic, and Community), Socialization (Interpersonal Relationships, Play and Leisure, and Coping Skills), Motor Skills (optional), Maladaptive Behavior (Internalizing, Externalizing, Critical Items).

### **Overall Outcomes of the Vineland-3:**

- CLIENT NAME's overall level of adaptive functioning is described by his score on the Adaptive Behavior Composite (ABC). His ABC score is 81, which is somewhat below the normative mean of 100 (the normative standard deviation is 15). The percentile rank for this overall score is 10.
- The ABC score is based on scores for three specific adaptive behavior domains: Communication, Daily Living Skills, and Socialization. The domain scores are also expressed as standard scores with a mean of 100 and standard deviation of 15.
- The Communication domain measures how well CLIENT NAME listens and understands, expresses himself through speech, and reads and writes. His Communication standard score is 83. This corresponds to a percentile rank of 13.
- The Daily Living Skills domain assesses CLIENT NAME's performance of the practical, everyday tasks of living that are appropriate for his age. His standard score for Daily

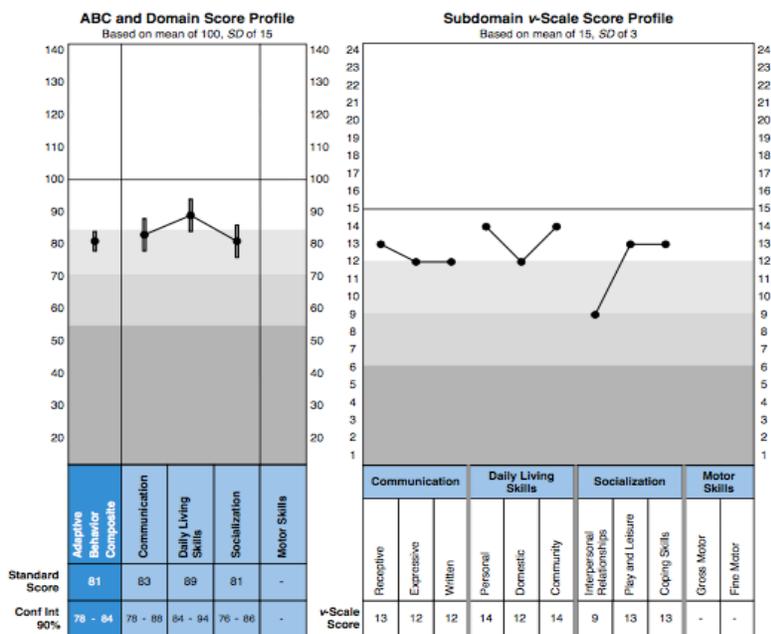


Living Skills is 89, which corresponds to a percentile rank of 23. This domain is a relative strength for CLIENT NAME.

- CLIENT NAME's score for the Socialization domain reflects his functioning in social situations. His Socialization standard score is 81. The percentile rank is 10.

Outcomes show that CLIENT NAME has an overall strength in his Personal Management and Community Navigation of the Daily Living Skills domain. CLIENT NAME shows weaknesses in his ability to develop interpersonal relationships, coping skills, and play and leisure skills. CLIENT NAME has demonstrated that he struggles with inhibition and externalizes rather than internalizes a lot of maladaptive behaviors.

**SCORE SUMMARY PROFILE**



**Subdomain Score Summary**

Subdomains	Raw Score	v-Scale Score (vS)	Age Equivalent	Growth Scale Value	Percent Estimated	vS Minus Mean vS*	Strength or Weakness**	Base Rate
<b>Communication Domain</b>								
Receptive	70	13	4:2	130	0.0	0.6		
Expressive	91	12	4:8	167	0.0	-0.4		
Written	42	12	6:6	100	0.0	-0.4		
<b>Daily Living Skills Domain</b>								
Personal	94	14	6:7	139	0.0	1.6	Strength	>25%
Domestic	18	12	4:6	51	0.0	-0.4		
Community	50	14	7:1	67	0.0	1.6	Strength	>25%
<b>Socialization Domain</b>								
Interpersonal Relationships	52	9	2:8	100	0.0	-3.4	Weakness	<=10%
Play and Leisure	54	13	5:4	112	0.0	0.6		
Coping Skills	42	13	4:8	72	0.0	0.6		

\*The examinee's Mean Subdomain v-Scale Score (Mean vS) = 12.4  
 \*\*Significance level chosen for strength/weakness analysis is .10  
 Strength/weakness results and base rates are based on normative data that included administration of the optional Motor Skills domain.



## TREATMENT RECOMMENDATIONS

### Program Guidelines and Supports

1. Phase 1: Individual treatment sessions with a behavioral technician for 40 hours each week and support by a behavioral consultant 4 hours per week. This is the current treatment plan in place and the hours will be systematically faded out based on student performance and need. An addendum for each phase will be documented and submitted at the time that the hours are decreased.
  - a. **Behavior Technician:** Direct Intervention Services 1:1 sessions will occur at least 5 days per week, for 8 hours per day (0364T; 23 Units per month, 0365T; 360 Units per month) at CLIENT NAME's home and school.
  - b. **Behavior Analyst:** Supervision with the behavioral technician will be conducted for ten percent of the direct intervention service hours. Supervision will occur 1-2 days per week, for 2-4 hours per day (0360T; 5 Units per month, 0361T; 36 Units per month).
  - c. **Program Modification:** Meetings with the treatment team (0368T; 9 Units per month, 0369T 9 Units per month) will occur bi-weekly for 1 hour. Team meetings will include ABA intervention to teach/implement a new or modified technique from the treatment plan and discussion with the supervisor, behavioral technician, and/or parent/caregiver to discuss treatment modifications and provide feedback on implementation.
  - d. **Parent Training:** Parent meetings (0370T; 4 Units per month) will occur with the consultant and parents 4 times per month for 1 hour each, as needed. Parent meetings will include parent education, feedback on implementation of treatment, parent report and data, and treatment updates provided to progress treatment.
  - e. **Care Coordination:** Continuity of care meetings occur with the consultant and the other professionals on the child's team 1-2 times per month for 1 hour each, as needed. Care coordination meetings will include continuity of care across settings, feedback on implementation of treatment plans, reports and data summaries, and treatment updates across providers provided to progress treatment in all settings.

Phase 2: Based on the student performance levels and data, we will phase out part of the support at the school. The school support will change from 8:30am-3:30pm to 12:00pm-3:30pm. The student has demonstrated a higher need of support in the afternoon due to areas in academics that are harder for him.

Phase 3: Based on student performance levels and data, we will phase out the remaining intensive supports to reflect 2-3 days a week at school with the remaining home program in place to support the family.

2. Each parent will participate in home-based sessions to learn and analyze how to maintain positive behaviors and learning opportunities.
3. Parent/Caregiver Training: Each parent will deliver reinforcement that includes social, attention, or tangible reinforcers in an effort to increase positive behaviors including speech-language skills.
4. CLIENT NAME should receive specific learning trials throughout his day.
5. Preferably, everyone who works with CLIENT NAME should be trained in how to shape desired skills.
6. CLIENT NAME should participate in structured instruction using DTT (Discrete Trial



Training) as well as NET (Natural Environment Teaching).

7. The therapist should ensure that the motivation is high by rotating the use of reinforcers and all those teaching should carry out the use of the effective teaching procedures described above.
8. CLIENT NAME should participate in data based instructions at a 1:1 ratio as often as possible to develop new skills.

The evaluator has discussed these recommendations with PARENT NAMES. They would like to use the full 40 hours per week and agree to the systematic fading out of the intensive level of services in the current plan. The schedule to partially fade out services will go from 40 hours per week to 20 hours per week (with a combination of support at school and at home). Based on the assessment results, CLIENT NAME will benefit from and actively participate in ABA treatment programs. PARENT NAMES are also interested in parent training by the BCBA.

## TREATMENT PLAN

### Behavior Goals and Intervention Plan

1. Non-Compliance: Any protesting and/or refusal to comply with known directions.
  - Baseline: Verbal protesting and refusal occurs approximately 1 time per week.
  - Goal: Reduce non-compliance completely and replace with socially appropriate communication to address the situations.
  - Proactive Strategies:
    - Teach coping strategies (ongoing goals in place below)
    - Teach social skills (ongoing goals in place below)
    - Provide high rates of reinforcement when appropriate replacement behaviors are demonstrated.
  - Reactive Strategies:
    - Keep demands in place when told no, denied access to an item or activity, or expected to do un-preferred activities or tasks.
    - Prompt use of coping strategies.
    - Redirect and reinforce.
  
2. Aggression: Any act of physical aggression towards a peer or adult; hitting with an open hand or fist, kicking another person, using an object as a weapon to stab, scratch, or injure another person, strangulation (placing his hands around the neck of another person and squeezing).
  - Baseline: Aggression occurs one time per month.
  - Goal: Reduce aggression to an average of 0 times per month over three consecutive months.
  - Proactive Strategies:
    - Teach coping strategies and replacement behaviors (ongoing goals in place)
    - Teach self-management (new goals)
    - Seek and discuss ways CLIENT NAME can let aggression out in a healthy productive way in and outside of the home.
  - Reactive Strategies:



- Block and redirect CLIENT NAME to a safe place, if possible.
- Provide little verbal attention to the behavior itself.
- Prompt CLIENT NAME to use calming strategies.
- When calm, discuss the situation and other possible solutions.

### **Parent/Caregiver Participation and Goals**

1. Parent will continue to learn about the functions of behavior and utilize strategies to increase positive behaviors and decrease negative behaviors such as protesting, refusal, and physical aggression.

Setting: Home, Community

Objective: CLIENT NAME's family will continue to learn how to determine the function of a problem behavior. Once a behavior intervention plan has been fully established, they will learn how to implement behavior analytic procedures in order to decrease the target behaviors.

Baseline: CLIENT NAME's parent is currently determining the functions of behaviors and accessing appropriate strategies about 50% of the time.

Goal: CLIENT NAME's parents will determine the function of problem behaviors with 80% accuracy. CLIENT NAME's parents will continue to work with their BCBA to determine effective behavior intervention plans that focus on replacement behaviors and skill development for problem behaviors.

### **Child Goals**

#### **Social Emotional/Communication:**

1. Increasing requests across people and environments.

Setting: Home, school

Objective: CLIENT NAME will make requests for items/activities with peers and siblings.

Baseline: CLIENT NAME will make requests with peers and sibling approximately 50% of opportunities

Goal: CLIENT NAME will make requests with peers and sibling for 80 of opportunities.

ABA Intervention(s): Positive reinforcement, Discrete Trial Training

2. Reciprocal social questions

Setting: Home, school

Objective: CLIENT NAME will reciprocate questions in conversation with peers and adults.

Baseline: CLIENT NAME is reciprocating social questions in conversations approximately 60% of opportunities.

Goal: CLIENT NAME will reciprocate social questions for 80% of opportunities across all trials within a session for three consecutive sessions.

ABA Intervention(s): Positive reinforcement, Discrete Trial Training

3. Emotion synonyms – Expanding Emotion Language

Setting: Home, school

Objective: CLIENT NAME will state synonyms of familiar emotions to expand his use of emotion language.

Baseline: CLIENT NAME demonstrates approximately 65% accuracy.

Goal: CLIENT NAME will respond with 80% accuracy across all trials within a session for



three consecutive sessions.

ABA Intervention(s): Positive reinforcement, Discrete Trial Teaching, Natural Environment Teaching

### **Emotion/Self-Regulation**

1. Problem Solving – Resolving Social Conflict

Setting: Home, School

Objective: CLIENT NAME will identify when there is a problem, determine solutions to social conflict, and choose the best solution at school and at home.

Baseline: CLIENT NAME demonstrates approximately 40% accuracy in the stated steps of social conflict problem solving.

Goal: CLIENT NAME will respond with 80% accuracy across all trials within a session for three consecutive sessions.

ABA Intervention(s): Positive reinforcement, Natural Environment Teaching, Discrete Trial Training

2. Coping Strategies

Setting: Home/Community/School

Objective: CLIENT NAME will determine appropriate coping strategies for different emotions that tend to trigger problem behaviors (ex. Boredom, un-preferred tasks, being told no, etc.)

Baseline: CLIENT NAME will use appropriate coping strategies depending on the situation approximately 50% of opportunities.

Goal: CLIENT NAME will respond with 80% accuracy across all opportunities within a session for three consecutive sessions.

ABA Intervention(s): Positive reinforcement, Natural Environment Teaching, Discrete Trial Training

3. Social Inferencing

Setting: Home, school

Objective: Increase social awareness skills

Baseline: 0%

Goal: When presented a written or video scenario, CLIENT NAME will predict the rules of that setting or indirectly from the behavior of others on 80% of opportunities over three consecutive sessions.

ABA Intervention(s): Video modeling, role-play, natural environment teaching.

4. Perspective Taking Skills

Setting: Home/Community/School

Objective: Gain a better understanding that other have perspectives different than one's own.

Baseline: CLIENT NAME can identify other's perspective approximately 60% of the time, depending on situation.

Goal: When presented with a picture or video scenario, CLIENT NAME will identify how different people are feeling about the same situation on 90% of opportunities for three consecutive sessions.



ABA Intervention(s): Positive reinforcement, Differential reinforcement, Natural environment Training

### **Self-Management and Adaptive Skills:**

1. Follows Daily Routines  
Setting: Home, school  
Objective: Increase self-management and independence across environments.  
Baseline: CLIENT NAME will follow daily routines approximately 60% of the time without reminders.  
Goal: CLIENT NAME will engage in daily routines across environments without reminders with 90% accuracy across five consecutive days.  
ABA Intervention(s): Positive reinforcement, Differential reinforcement, Natural environment Training
  
2. Complete a variety of chores  
Setting: Home  
Objective: Increase independence around the house.  
Baseline: CLIENT NAME will complete a variety of chores with approximately 60% accuracy without reminders.  
Goal: CLIENT NAME will respond with 80% accuracy across all trials within a session for three consecutive sessions.  
ABA Intervention(s): Positive reinforcement, Natural Environment Teaching, Discrete Trial Training, Task Analysis
  
3. Independent work time – increase workload  
Setting: Home, school  
Objective: Increase CLIENT NAME's tolerance to work on assignments given by an instructor, both preferred and un-preferred.  
Baseline: CLIENT NAME will engage in work tasks independently for approximately 10 minutes before having to be reminded to get back to work.  
Goal: CLIENT NAME will work independently for 20 minutes with 80% accuracy (up to 1 reminder to stay on task) across three consecutive sessions.  
ABA Intervention(s): Positive reinforcement, Behavior Contract

### **Executive Function**

1. Self-Monitoring – Managing emotions, inhibition  
Setting: Home, School  
Objective: Increase ability to self-regulate independently  
Baseline: CLIENT NAME currently remains regulated for approximately 75% of the day as long as it is preferred tasks and information. If it is un-preferred, he does not have the inhibition skills to maintain appropriate body language and personal space.  
Goal: CLIENT NAME will increase awareness of own emotions and use appropriate strategies situation specific with 80% accuracy across three consecutive sessions.  
ABA Intervention(s): Positive reinforcement, Natural Environment Teaching, Discrimination Training



2. Organization  
Setting: Home, school  
Objective: Increase organization skills by following instructor lead and classroom expected behaviors as it relates to keeping belongings organized.  
Baseline: CLIENT NAME engages in task avoidance behaviors relating to silent reading routines approximately every day.  
Goal: CLIENT NAME will respond with 80% accuracy across three consecutive sessions.  
ABA Intervention(s): Positive reinforcement, Natural Environment Teaching, Discrimination Training
  
3. Working Memory  
Setting: Home  
Objective: Increase working memory efficiency.  
Baseline: CLIENT NAME demonstrates approximately 50% fluency in working memory tasks.  
Goal: CLIENT NAME will respond with 80% accuracy across all trials within a session for three consecutive sessions.  
ABA Intervention(s): Positive reinforcement, Discrete Trial Training
  
4. Project Planning and Execution  
Setting: Home, School  
Objective: Increase self-organization and planning to complete simple multiple step projects  
Baseline: Currently, CLIENT NAME needs reminders for all steps in the planning process and demonstrates 0% independence in completing a project.  
Goal: CLIENT NAME will respond with 80% accuracy across three consecutive sessions.  
ABA Intervention(s): Positive reinforcement, Natural Environment Teaching, Discrimination Training

## DISCHARGE PLAN

- CLIENT NAME will be discharged when he is able to complete the tasks that are aligned with current functioning and skill level of same aged peers. Additional criteria for discharge will include skill acquisition rate, retention of skills, ability to learn in the natural environment, ability to respond to generalized reinforcers, and the ability to adapt to change and novel situations. His discharge will be determined by skill and behavioral assessments. Behavior skills will be assessed by direct observation, data examinations and parental report. When a reassessment takes place, the behavior analyst will compare CLIENT NAME's current progress to his same aged peers. When he is able to be in the community, school and home without additional supports and can be independent in the home and complete daily living tasks he will be discharged.
- CLIENT NAME's data, goals and progress will be reviewed on a weekly basis to evaluate progress. Changes will be made to her goals and program based on data collected and observations.



**Risks / Benefits:**

Potential Benefits:

- ABA therapy will ultimately increase skills used in the home, school and community. It will provide the necessary intervention for CLIENT NAME to be independent and learn functional daily living skills.

Potential Risks:

- As with the implementation of any interventions, there is the likelihood that challenging behaviors will initially increase before they decrease as he attempts to test the newly imposed structure, or protests the demands asked of him in treatment. There is also the potential for alternative behaviors to surface to replace reinforcement derived from target behaviors.

COMPANY NAME is available for intervention on the above recommendations. If there are any questions about this evaluation or additional services that are needed please feel free to contact Manya Ralkowski, EdS, BCBA, LBA phone number or email address.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Manya Ralkowski**

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Manya Ralkowski, EdS BCBA, LBA  
BCBA: 1-05-2489  
LBA: BA 60762983

Date